

**Town of Sullivan**  
**Building and Zoning Department**  
**7507 Lakeport Road**  
**Chittenango, NY 13037**  
**Phone (315)687-5251 Fax (315) 510-2101**

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**Sign Application**

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_ Tax # \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (+ city/state/zip): \_\_\_\_\_

Location of sign: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (+ city/state/zip): \_\_\_\_\_

**Nature of Sign:**

\_\_\_\_ New sign (monument)

\_\_\_\_ Alteration/Repair to Existing Sign

\_\_\_\_ New Free-standing sign

\_\_\_\_ New Sign Face

\_\_\_\_ Wall sign

Size of Sign(in feet): width: \_\_\_\_\_ height: \_\_\_\_\_ Total square feet: \_\_\_\_\_

Sign Description: \_\_\_\_\_

Current Signage on property: No: \_\_\_\_ Yes: \_\_\_\_

If yes, Total square feet of all existing signs: \_\_\_\_\_

Is Sign Illuminated: \_\_\_\_\_

Electrical contractor Name: \_\_\_\_\_

Address (+ city/state/zip): \_\_\_\_\_

Estimated value of all work: \$ \_\_\_\_\_

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## Sign Application

**Applicant Certification:** I hereby certify that I have read the instructions and examined this complete application and know the same to be true and correct. That all work done under this permit will comply with the requirements of the New York State Uniform Fire prevention and Building Code, the Town of Sullivan Zoning Ordinance and all other applicable regulations. I also understand that the granting of this permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating sign(s) or land use of sign(s) or the performance of sign(s)

**Inspections required:** I understand that I am responsible to ensure that the required inspections listed on the sign permit are preformed and that a final inspection by the Enforcement Officer.

**Consent To Enter Property:** I recognize that by signing this application, I am giving consent to employees of the Town of Sullivan to enter the subject property for the purpose of obtaining information relevant to the processing of this application. I also understand that by acceptance of a permit, I agree to allow representatives of the Town of Sullivan access to the property covered by the permit, at reasonable times, for the purpose of ascertaining compliance with the permit.

Signature of Owner of Premises: \_\_\_\_\_ Date: \_\_\_\_\_

### Official Use Only

Date Submitted: _____	Date Approved: _____	Approved by: _____
Permit #: _____	Date Denied: _____	Denied by: _____
Deposit Amount: _____	Date Notified: _____	
Permit Fee: _____	Reason Denied: _____	